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Docket No.: N9450.0024/P024
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Yasuharu Kitakami

Application No.: 09/925,439

Confirmation No.: 4109

Filed: August 10, 2001

Art Unit: 2652

For: DISK REPRODUCING APPARATUS

Examiner: T. Chen

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

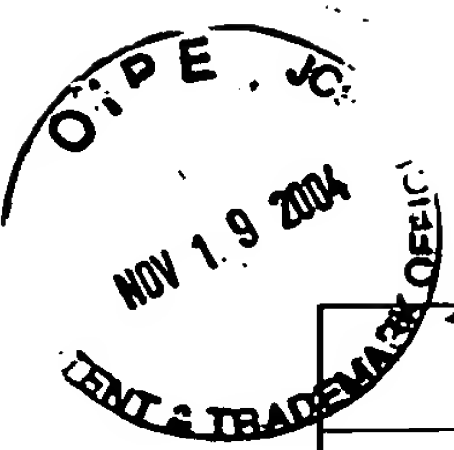
Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 3, 2004 (Paper No. Mail Date 12), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.



47

AMENDMENT TRANSMITTAL LETTER			Docket No. N9450.0024/P024		
Application No. 09/925,439-Conf. #4109		Filing Date August 10, 2001		Examiner T. Chen	Art Unit 2652
Applicant(s): Yasuharu Kitakami					
Invention: DISK REPRODUCING APPARATUS					
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TO THE COMMISSIONER FOR PATENTS Technology Center 2600					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number/ Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	0.00
Independent Claims	1	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Thronson Attorney Reg. No.: 33,082				Dated: <u>November 19, 2004</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742					